

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 5
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Delta Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2016	
Mailing Address 1030 Delta Blvd		Amount 3750.00	
City Atlanta	State GA	Zip Code 30354	Transaction ID : SE.6870
Purpose of Expenditure Flights for canvassing deployment 11/5-11/6		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2016
Name of Federal Candidate LOVE, MIA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Delta Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2016	
Mailing Address 1030 Delta Blvd		Amount 3750.00	
City Atlanta	State GA	Zip Code 30354	Transaction ID : SE.6872
Purpose of Expenditure Flights for canvassing deployment 11/5-11/6		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2016
Name of Federal Candidate LEE, MIKE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7500.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 04 / 2016

Signature